

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	10/056 348	FILING DATE
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APPLICANT(S)

7/21/05

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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35				
36				
37				
38	1			
39				
40				
41				
42				
43				
44				
45				
46				
47	1			
48	1			
49	1			
50	1			
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

•	7/21/05	•	•
51	1		
52	5		
53			
54			
55			
56			
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96			
97			
98			
99			
100			
TOTAL IND.	1		
TOTAL DEP.	10		
TOTAL CLAIMS	11		

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